



# Application for Section 401 Water Quality Certification

Division of Surface Water 401 Water Quality Certification and Isolated Wetland Permitting Unit

Section 1: Applicant and Agent Information		
	Applicant:	Agent:
Company/ Agency Name:	Click here to enter text.	Click here to enter text.
Name of Contact:	Click here to enter text.	Click here to enter text.
Title:	Click here to enter text.	Click here to enter text.
Technical Point of Contact:	Click here to enter text.	Click here to enter text.
Address:	Click here to enter text.	Click here to enter text.
City, State, Zip:	Click here to enter text.	Click here to enter text.
Phone Number(s):	Click here to enter text.	Click here to enter text.
Email Address:	Click here to enter text.	Click here to enter text.

Section 2: Project Information		
A. Project Name: Click here to enter text.		
B Has Pre-App. Coordination occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate the 401 reviewer: Choose an item. DATE: Click here to enter a date.		
C. Brief Project Description/Purpose: Click here to enter text.		
D. Construction Timeframe (Provide ~start and end dates): Click here to enter a date. Click here to enter a date.		
E. Is any portion of the activity complete now? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this an "After-The-Fact" permit application? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to either, describe the extent of completed portion of the activity below and the unauthorized impacts on waters of the state: Click here to enter text.		
F. Coordinates (degree, minutes, seconds): Choose an item.° ' " N - Choose an item.° ' " W		
G. Project Address: Street: Click here to enter text. City or Town: Click here to enter text. Zip Code: Click here to enter text. Township: Click here to enter text. County: Choose an item.		
H. 12 Digit HUC No.: Click here to enter text.	I. Watershed Name: Click here to enter text.	J. Corps District: Choose an item.
<b>K. Proposed impacts to "waters of the state":</b> <input type="checkbox"/> Beach Nourish <input type="checkbox"/> Levees/Berms <input type="checkbox"/> Blasting <input type="checkbox"/> Mine Through <input type="checkbox"/> Breakwater <input type="checkbox"/> Revetment <input type="checkbox"/> Bulkhead <input type="checkbox"/> Bank Stabilization <input type="checkbox"/> Bridge/Culvert <input type="checkbox"/> Stream Channeliz. <input type="checkbox"/> Dam <input type="checkbox"/> Stream Relocation <input type="checkbox"/> Dredge <input type="checkbox"/> Water Body Cross <input type="checkbox"/> Fill <input type="checkbox"/> Weirs <input type="checkbox"/> Groin/Jetty <input type="checkbox"/> Other		<b>L. Other water related permits issued or required include:</b> <input type="checkbox"/> Individual 404 Permit – Public Notice # Click here to enter text. <input type="checkbox"/> Nationwide Permit # Choose an item. Choose an item. Click here to enter a date. <input type="checkbox"/> Section 10 Permit - Choose an item. Click here to enter a date. <input type="checkbox"/> Section 9 Permit - Click here to enter text. <input type="checkbox"/> Iso. Wetland Permit Choose an item. Click here to enter a date. Choose an item. <input type="checkbox"/> NPDES Permit – Choose an item. Choose an item. Click here to enter a date. <input type="checkbox"/> Permit to Install – Choose an item. : Click here to enter a date. <input type="checkbox"/> ODNR Choose an item. Permit - Choose an item. Click here to enter a date. <input type="checkbox"/> ODNR Coastal Permit - Choose an item. Click here to enter a date. <input type="checkbox"/> Regional Permit - Choose an item. Click here to enter a date.

## Section 3: Fees

Are you exempt from fees? ☐ YES ☐ NO (If YES, leave fee section blank)**Application Fee =** \$ 200.00**Review Fee**

Wetland	Acres Impacted	x \$500 =	\$ 0.00
Ephemeral Stream	Linear Feet Impacted	x \$5.00 =	\$ 0.00 (\$200.00 minimum)
Intermittent Stream	Linear Feet Impacted	x \$10.00 =	\$ 0.00 (\$200.00 minimum)
Perennial Stream	Linear Feet Impacted	x \$15.00 =	\$ 0.00 (\$200.00 minimum)
Lake	Cubic Yards	x \$3.00 =	\$ 0.00

**Total Review Fees = \$ 0.00****Total Fees (\$200 Application Fee + Total Review Fees) = \$ 200.00**Standard Applicant - Is the fee cap (\$25,000) exceeded? ☐ YES ☐ NO

If YES, \$12,500 (\$12,700) is due with application and \$12,500 (\$12,300) is due at time of 401 WQC issuance

County, Township or Municipal Corp. – Is the fee cap (\$5,000) exceeded? ☐ YES ☐ NO

If YES, \$2,500 (\$2,700) is due with application and \$2,500 (\$2,300) is due at time of 401 WQC issuance

If fee cap is not exceeded:

DUE AT TIME OF 401 WQC APP. SUBMITTAL – APPLICATION FEE AND ½ OF REVIEW FEE = \$ 200.00

DUE AT TIME OF 401 WQC ISSUANCE – ½ OF REVIEW FEE (Invoice will be sent) = \$ 0.00

**PLEASE MAKE FEE CHECK PAYABLE TO: "TREASURER, STATE OF OHIO"**

## Section 4: Submitted Documentation

Check all documents/items that have been submitted:

<input type="checkbox"/> U.S. ACOE JD letter	<input type="checkbox"/> A specific & detailed mitigation plan	<input type="checkbox"/> US FWS & ODNR T&E Coordination
<input type="checkbox"/> 10 page ORAM forms - impacted wetlands	<input type="checkbox"/> Applicable fees	<input type="checkbox"/> Investigation report of "waters of the US"
<input type="checkbox"/> A DoEU for each undesignated stream *	<input type="checkbox"/> Site photographs	<input type="checkbox"/> US ACOE 404 Permit Public Notice
<input type="checkbox"/> Descriptions, schematics & appropriate economic information for <u>all three alternatives</u> (Preferred, Minimal Degradation and Non Degradation)		

\*DoEU – Determination of Existing Use (See pages 6 and 11 in the Instructions)

## Section 5: Applicant and Agent Signature

*I hereby designate and authorize the agent/consultant identified in Section 1 to act on my behalf in the processing of this permit application, and to furnish, upon request, supplemental information in support of the application:*

<b>Applicant Name</b>	Click here to enter text.	<b>Applicant Signature</b>	
<i>Application is hereby made for a Section 401 Water Quality Certification. I certify that the information provided on this form and all attachments related to this project are true and accurate to the best of my knowledge:</i>			
<b>Applicant Name</b>	Click here to enter text.	<b>Applicant Signature</b>	
<b>Agent Name</b>	Click here to enter text.	<b>Agent Signature</b>	

## For Internal Ohio EPA Use

<b>Reviewer:</b>	
<b>Project ID #</b>	
<b>Date Received:</b>	
<b>CR Due:</b>	